Health and Wellness

ACCOUNTABILITY STATEMENT

This Business Plan for the three years commencing April 1, 2001 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as at April 3, 2001 with material economic or fiscal implications of which I am aware have been considered in preparing the Business Plan.

The Ministry's priorities outlined in the Business Plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this Business Plan.

[ORIGINAL SIGNED]

Gary Mar, *Minister of Health and Wellness*
April 10, 2001

101-07262/

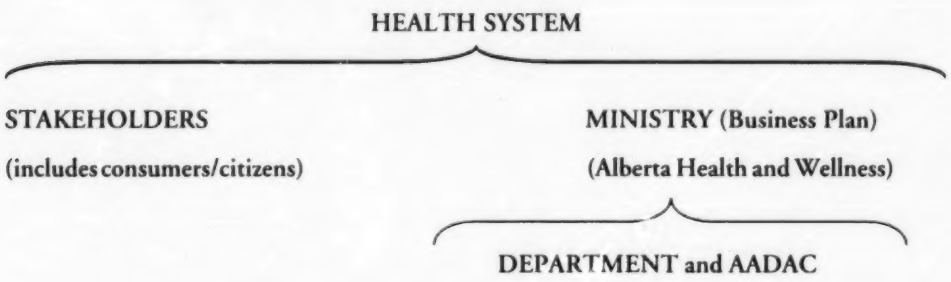
INTRODUCTION

The Ministry of Health and Wellness is pleased to present our Business Plan for the three year period ending March 31, 2004. This business plan is a record of changes and improvements anticipated in the three years ahead, rather than an exhaustive inventory of all activities essential to the operation of the Ministry and our public health system.

The Ministry comprises the department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). The Persons with Developmental Disabilities Provincial Board (PDD) and the Premier's Council on the Status of Persons with Disabilities have been transferred to the Ministry of Community Development.

The Ministry's two core businesses, four goals and associated strategies encompass the activities of the department as well as AADAC. More detailed information about the strategies and performance measures for AADAC is found in its Business Plan. The financial information for the department and AADAC is consolidated in the attached income statement.

A vision for today's provincial health system, schematically represented below, is presented in this plan. From this vision, goals and strategic directions emerge which can serve to stimulate dialogue among the public and stakeholders in search of a shared, collaboratively derived approach to establishing a sustainable, public system for the future.



The 2001-02 Annual Report for Alberta Health and Wellness will report the progress made on the commitments contained in the Business Plan.

For reference, a detailed description of how the health system in Alberta works today is contained in a separate publication entitled *"Health Care '99 – A Guide to Health Care in Alberta" (July '99).*

VISION

The **vision** of Alberta Health and Wellness is

> ***"Citizens of a healthy Alberta achieve optimal health and wellness".***

The Government of Alberta's **vision** for the province is

> ***"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children".***

The health and wellness of a population is determined by factors such as education, employment, income and the environment, in addition to access to quality health services. Healthy public policy across government seeks to ensure that Albertans are able and encouraged to realize their full health potential in a safe environment with adequate income, housing, nutrition and education, and to play a valued role in family, work and their community. Alberta Health and Wellness contributes to that effort by ensuring Albertans have equitable access to affordable and appropriate health and wellness services of high quality when they need them.

The achievement of this vision also requires individuals to take responsibility for health in their communities. Partners with Albertans in this collaborative effort include not only the Ministry and providers of health services, but also other Ministries, other levels of government and the private sector. An effective collaboration is reflected in the slogan: "Healthy Albertans in a healthy Alberta."

ISSUES AND CHALLENGES

Publicly funded health services are organized and delivered to meet the priority needs of Albertans. Those needs, and the ways in which they can be best met, keep changing and the system is challenged to adapt. The major forces of change are:

- Demographics
  - Alberta's population is increasing and aging
  - As a consequence, demands on the health system and on informal caregivers continue to increase
  - As the health workforce ages, skill shortages will occur in key health professions

- Technology
  - Advancements change our perceptions about what services can or should be delivered to whom and how. New technologies include new procedures, drugs, diagnostic tools and treatment equipment, and improved communication (for example, Telehealth and we//net)
  - With these advancements come new costs for financing and training

- Rising expectations in a knowledge society
  - Albertans are well educated and will increasingly want to be informed about their health and wellness choices and decisions

- New high profile technology improves the capacity to meet needs and raises public expectations for access
- Realigning priorities and reallocating resources are a constant challenge

- Sustainability
  - The increasing costs of drugs, technology and salaries, along with higher utilization, cause the cost of the system to rise significantly, faster than the combined effects of population growth and inflation
  - New ways of achieving the same or better health outcomes are constantly being sought so that overall costs can be kept within the capacity of public funding, while ensuring accessibility, quality and accountability

VALUES, MISSION AND CORE BUSINESSES

Like all Canadians, Albertans highly value their public health care system and the principles upon which it was founded, as described in the *Canada Health Act*:

- accessibility - medically necessary physician and hospital services are available without user fees, extra billing or other barriers to reasonable access
- comprehensiveness - all medically necessary physician and hospital services are insured
- portability - Canadians are covered for insured services received in another province
- public administration - insurance plan is operated on a non-profit basis by a public authority
- universality - all Canadians are entitled to public health insurance for medically necessary hospital and physician services

In addition to these principles, the Ministry of Health and Wellness is committed to the following:

- Alberta's health system demonstrates excellence - high standards and best practices are achieved through research, education and information
- Alberta's health system provides for equitable access by all Albertans to a comprehensive range of integrated health services
- Alberta's health system provides quality services and effective outcomes
- Alberta's health system builds on shared responsibility and decision-making among users and providers
- Alberta's health system ensures accountability at all levels for outcomes
- Alberta's health system is cost-effective and sustainable in the long term

The **mission** of the Ministry is...

> ***"to maintain and improve the health and wellness of Albertans by leading and working collaboratively with citizens and stakeholders."***

Across the health system, collaboration with Albertans and stakeholders is essential to realize intended outcomes. Feedback from the 1999 Health Summit continues to influence the Ministry's business plan. As well, Health and Wellness works with many other Ministries to address issues which influence health and health services delivery.

To achieve our mission, the Ministry engages in two **core businesses**:

1. **lead and support a system for the delivery of quality health services**

   For Albertans who are medically fragile, injured or ill, or who may need diagnosis, treatment or support, a system of quality health services is in place to meet their needs. While the responsibility for delivering those services rests with health authorities, agencies and individual practitioners, the Ministry demonstrates leadership in setting direction, policy and provincial standards which ensure quality services. Key Ministry roles are to set priorities based on health needs, determine the scope of financial, capital and human resources required, and measure and report on the performance of the system.

2. **encourage and support healthy living**

   A primary focus of the health system is to support and encourage the wellness and health of Albertans, not just to diagnose and treat the ill and injured. Health promotion and protection programs and disease and injury prevention programs address risks to health where knowledge or early intervention can make a difference. Through health authorities and provincial agencies, programs for the promotion of wellness, as well as the prevention of disease and injury, enable Albertans to make informed decisions about their health. In acknowledgement of the wide array of factors that have an impact on health, the Ministry is engaged in cross ministry initiatives to effectively address challenges to the health and wellness of the population.

The proposed expenditures for Alberta Health and Wellness for the three year period have been allocated between the two core businesses, as well as identified by program in the Statement of Operations.

LINKAGES TO GOVERNMENT CORE BUSINESSES AND GOALS

GOVERNMENT CORE BUSINESSES

People...
helping people to be self-reliant, capable and caring through: a healthy society and accessible health care, basic support and protection for those in need, supportive families and compassionate communities

Prosperity...
promoting prosperity for Alberta through: a highly skilled and productive workforce, new ideas, innovation and research, an open and accountable government that lives within its means

Preservation...
preserving the Alberta tradition of: a clean environment, strong communities, pride in Alberta and strength within Canada

▼

Government Goals relating to health

- Albertans will be healthy.
- Our children will be well cared for, safe, successful at learning and healthy.
- Albertans will be independent.
- Albertans unable to provide for their basic needs will receive help.
- The well-being and self-reliance of Aboriginal people will be comparable to that of other Albertans.
- Our workforce will be skilled and productive.
- Alberta will have effective and efficient infrastructure.
- Alberta will have a financially stable, open and accountable government.
- The high quality of Alberta's environment will be maintained.
- Alberta will work with other governments and maintain its strong position in Canada.

▼

Alberta Health and Wellness Goals

1. To sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them.
2. To improve the health and wellness of Albertans through provincial strategies for protection, promotion and prevention.
3. To support and promote a system for health.
4. To optimize the effectiveness of the Ministry.

Guided by the recommendations of the Health Summit, the Alberta government developed a six-point plan to protect and improve the publicly funded and publicly administered health system in the province.

- Improving access to quality publicly funded health services
- Improving management of the health system
- Enhancing the quality of health services
- Increasing emphasis on promoting wellness for Albertans and preventing disease and accidents
- Fostering new ideas to improve the health system
- Protecting the publicly funded and administered health system

The strategies contained in the business plan for 2001-04 are continuing to put this plan into action.

GOALS AND STRATEGIES

GOAL 1: TO SUSTAIN AND IMPROVE THE DELIVERY OF ACCESSIBLE, EFFECTIVE, QUALITY HEALTH SERVICES TO ALBERTANS WHO NEED THEM.

The responsibility for service delivery rests primarily with health authorities and individual practitioners. Continuous improvement and innovation ensure the delivery of health services which address the needs of Albertans, meet high standards of quality, and achieve positive health and wellness results. To ensure accessibility, and the optimal utilization of health professionals, the Ministry collaborates closely with health authorities and other stakeholders. The Ministry also works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. Registration of Albertans for health care insurance and operation of the payment system for fee-for-service practitioners, aids to daily living suppliers, ambulance operators and other services are administered by the Ministry.

STRATEGIES	KEY PERFORMANCE MEASURES
1.1 Improve access to certain province-wide or essential services (such as dialysis, imaging services). 1.2 Expand Telehealth in collaboration with health authorities and health providers. 1.3 Address barriers to access and actively monitor waiting lists. 1.4 Initiate key policy directions resulting from recommendations of the Long Term Care Review. 1.5 Implement a standard process for determining health care benefits. 1.6 Promote quality improvement, accessibility and sustainability through the introduction of new approaches and initiatives (such as alternative payment plans, primary care models). 1.7 Support evidence-based decision-making and innovation through research. 1.8 Collaborate with the Health Service Utilization Commission to support continuous improvement in health system performance. 1.9 Implement a provincial perinatal program. 1.10 Implement a provincial organ donation and transplant strategy. 1.11 Enhance operational systems and processes for quality assurance of provincial public health laboratory services. 1.12 Ensure allocation of funds to the regions in an equitable manner, based on sound methodology and best available information (such as refinement of population-based funding framework). 1.13 Set new strategic directions to ensure an integrated, sustainable system for health, with emphasis on the primary health care sector. 1.14 Implement the *Health Information Act*. 1.15 Review policy and guidelines for the provision of community rehabilitation and related services. 1.16 Further develop the mechanisms by which information on population needs is used in the resource allocation and policy development processes in an optimal and integrated fashion (such as economic forecasting models). 1.17 Support a province-wide system of addiction prevention, treatment and information services through the Alberta Alcohol and Drug Abuse Commission (AADAC).	1.A Waitlist and/or waiting times for joint replacement, heart surgery; cancer therapy, MRI and long term care. a. hip or knee replacement **Target:** 4 months (2002) b. heart surgery, angioplasty **Target:** 1 to 6 weeks depending on urgency (2002) c. cancer radiation therapy (breast, prostate) **Target:** 4 weeks (2002) d. MRI **Target:** decreased wait list (2002) e. long term care facility admission **Target:** fewer waiting urgently in community or hospital (2003) 1.B Ratings of ease of access to health services Percent of Albertans reporting access to service is 'easy' or 'very easy'. **Target:** 75%(2002); 80%(2004) 1.C Ratings of quality of care received Percent who report that quality of care personally received is 'excellent' or 'good'. **Target:** Overall quality of care 90% (2003); Hospital quality of care 85% (2003)

continued...

STRATEGIES	KEY PERFORMANCE MEASURES
1.18 Ensure reasonable access and appropriate use of prescribed drugs by managing drug insurance programs in co-operation with stakeholders. 1.19 Align physician services with regional health service delivery mechanisms. 1.20 Implement the *Health Professions Act*, and establish the Health Professionals Advisory Board. 1.21 Implement the last two years of the Master Agreement, in co-operation with the Alberta Medical Association, including alternative payment arrangements and related initiatives (such as training, recruitment and retention). 1.22 Develop and maintain provincial and regional health workforce plans.	1.D Percent of persons, who have received a service, who are satisfied with the way the service was provided. (measure under development) **Target:** Increasing trend (2003)

GOAL 2: TO IMPROVE THE HEALTH AND WELLNESS OF ALBERTANS THROUGH PROVINCIAL STRATEGIES FOR PROTECTION, PROMOTION AND PREVENTION.

The health and wellness of individuals is determined by a number of factors. Key factors include genetic endowment, early childhood development, education, environment and employment status, as well as personal decisions about lifestyle behaviours. The diagnosis and treatment services available through the health system are a relatively minor factor, though essential when they are needed. Protection, promotion and prevention services provide supports to the population at large in their pursuit of health. These services include major prevention strategies aimed at tuberculosis, sexually transmitted diseases and HIV, as well as injury and selected chronic diseases. With access to accurate and timely information, Albertans can make wise choices, whether in the prevention of disease or injury, or in safeguarding their own health, wellness and quality of life.

STRATEGIES	KEY PERFORMANCE MEASURES
2.1 Participate with other government departments in the follow-up to the Active Living Task Force report. 2.2 Promote effective community-based services for adults and children with mental health needs. 2.3 Implement and monitor provincial population-based breast and cervical cancer screening and province-wide metabolic screening programs. 2.4 Expand initiatives to reduce the use of tobacco products by Albertans, with an emphasis on youth. 2.5 Develop health system and cross-sectoral strategies to improve the health of children and youth. 2.6 Enhance immunization strategies and implement a longer term immunization plan in the context of a national strategy. 2.7 Further develop the Influenza Pandemic Preparedness Plan for Alberta and improve influenza vaccine coverage. 2.8 Collaborate with partners in the implementation of injury and suicide prevention initiatives. 2.9 Develop and implement a provincial diabetes prevention strategy. 2.10 Conduct health surveillance, assess and report on health trends in selected health priority areas.	2.A Self-reported health status Percent reporting 'excellent or very good' (age 18–64); 'excellent, very good, or good' (age 65+) **Target:** age 18 – 64, 70% (2003); age 65+, 80% (2003) 2.B Mortality rates for injury and suicide Age standardized mortality rates due to injury and suicide per 100,000 people **Target:** injury, 45 (2002); suicide, 13 (2002) 2.C Screening rate for breast cancer Percent of women age 50 – 69 receiving mammogram every two years **Target:** 75% screened (2003)

continued...

STRATEGIES	KEY PERFORMANCE MEASURES
2.11 Report on the health status of Albertans and provide information about key health issues and their determinants. 2.12 Implement environmental health programs, standards and regulatory controls to reduce, prevent and limit exposures to adverse conditions and contaminants.	2.D Childhood immunization coverage rates Percent of two year old children who have received the recommended immunizations **Target:** 98%* (2002) 2.E Non-smoking rate – percent of Albertans who do not smoke **Target:** 75% (2002) *national target for immunization coverage

GOAL 3: TO SUPPORT AND PROMOTE A SYSTEM FOR HEALTH.

The health system is complex. With numerous stakeholders involved in the process of organizing and delivering services to citizens, it is a continuous challenge to ensure their efforts are effectively co-ordinated. Towards this end, effective communication, accountability and information systems are essential, as is leadership in addressing emerging system-wide challenges. Ensuring the sustainability of the publicly funded system for health, and the confidentiality of Albertans' health information, are two such challenges.

STRATEGIES	KEY PERFORMANCE MEASURES
3.1 Further develop monitoring and reporting tools and processes to support accountability and continuous improvement (such as waiting lists, continuing care information). 3.2 Encourage health authorities and health providers to adopt best practices in governance and management. 3.3 Set expectations and measure performance, focusing on measures for health services (such as immunization coverage rates). 3.4 Assume a leadership role with Federal/Provincial/Territorial initiatives and collaborative inter- and intra-provincial ventures. 3.5 Engage stakeholders in a collaborative, system-oriented strategic planning process. 3.6 Collaborate with the Premier's Advisory Council on Health in identifying strategies to ensure a sustainable public system for health. 3.7 Implement a strategy to improve ongoing dialogue and collaboration among health authorities, health care providers and other stakeholders (such as a health planning forum). 3.8 Develop and implement a communications strategy for the dissemination of health system performance information. 3.9 Provide opportunities for Albertans to contribute to plans and actions to improve health and health services. 3.10 Continue to work with the federal government on developing a common understanding of the *Canada Health Act* and its policy implications for provincial initiatives. 3.11 Contribute to the development, adoption and dissemination of comprehensive data, health information and technology standards to support information exchanges provincially and nationally. 3.12 Develop and communicate expectations for information management and technology to health authorities. 3.13 Maintain a business plan for we//net's provision of electronic tools that enable information exchange among stakeholders, and support cost-effective service delivery (such as Pharmaceutical Information Network). 3.14 Co-ordinate the development and implementation of provincial information security policies and procedures. 3.15 Develop and co-ordinate the process for the election and appointment of regional health authority board members.	3.A Percent of the public who rate their knowledge of health services available as 'excellent' or 'good' **Target:** 70% (2003) 3.B Percent of stakeholders reporting easy access to information (measure under development) **Target:** Improvement (2003)

GOAL 4: TO OPTIMIZE THE EFFECTIVENESS OF THE MINISTRY.

To be as effective and efficient as possible in the service of its mission, the Ministry must keep pace with new knowledge and use its human, financial and technological resources in an optimal fashion. Internally, the Ministry must foster the culture of a learning organization. Externally, the Ministry commits to collaboration with key stakeholders and particularly other government departments in support of cross ministry initiatives.

STRATEGIES	KEY PERFORMANCE MEASURES
4.1 Align Ministry resources to business plan core businesses: finance, human resources and information. 4.2 Identify and implement a comprehensive framework for policy analysis and development. 4.3 Further develop and implement a co-ordinated approach to the management of information. 4.4 Implement an inclusive planning process that provides opportunities for input from department staff and stakeholders. 4.5 Assess and improve Ministry services and performance (such as stakeholder satisfaction survey). 4.6 Support the pursuit of on-going individual, team and organizational learning through the renewal and implementation of the department Human Resources Plan. 4.7 Contribute to the government response to the Impact of Aging study, and co-champion Alberta's Seniors Policy Initiative. 4.8 Participate in collaborative initiatives with other Ministries under the Alberta Children and Youth Services Initiative. 4.9 Support implementation of the Aboriginal Policy Initiative by proposing a strategy for measuring progress and assessing performance with respect to bridging the health status gap. 4.10 Continue with department strategies in support of the government-wide Corporate Human Resource Development Strategy (such as performance management, succession planning, leadership continuity, Workplace Action Team). 4.11 Participate in the implementation of the government-wide Corporate Capital Planning Initiative and the Economic Development Strategy. 4.12 Participate in the implementation of the Corporate Information Management/Information Technology Strategy. 4.13 Work in partnership with the Alberta Corporate Service Centre in implementing the government-wide shared services initiative.	4.A Percent of Albertans reporting their inquiries to the department were handled satisfactorily (measure under development) **Target:** Improvement (2003) 4.B Percent of staff who say they understand how their work contributes to the success of the Ministry (measure under development) **Target:** 90% (2002) 4.C Satisfaction rating among other Ministries with Alberta Health and Wellness' contribution to Cross Ministry initiatives (measure under development) **Target:** Improvement (2002)

Note: Alberta Health and Wellness collects a wide range of statistical information about the health of Albertans and the performance of our health system. From this wide array of information, the ministry selects its key performance measures. Additional information about the health of Albertans and health system performance is reported in numerous publications, including: the Ministry Annual Report, Measuring Up, Health Trends, the Report on the Health of Albertans, the Alberta Health Care Insurance Plan Statistical Supplement, and the annual report on Province-Wide Services.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta within the Ministry of Health and Wellness. Through its provincial mandate, AADAC contributes to the health and wellness of Albertans.

MISSION

"to assist Albertans in achieving freedom from the abuse of alcohol, other drugs and gambling"

CORE BUSINESSES

The *Alcohol and Drug Abuse Act* authorizes AADAC to fund and operate treatment and prevention services addressing alcohol, other drugs and gambling problems and to undertake research on these matters. Consistent with the Act, AADAC has three core businesses – **treatment, prevention and information** – that are delivered within four essential service elements:

1. **Community Outpatient Treatment and Prevention Services**
   - Prevention, education and training
   - Early intervention programs
   - Outpatient counseling and day treatment

2. **Crisis and Detoxification Services**
   - Safe withdrawal and emergency counseling
   - Gambling help line

3. **Residential Treatment Services**
   - Short and long-term services
   - Specialized programs for women only, men only, Aboriginal people, youth, workplace referrals

4. **Research, Information and Monitoring Services**
   - Accurate and current information on alcohol, other drugs and gambling
   - Performance monitoring and measurement

AADAC offices, clinics, institutions and funded agencies are located in 38 communities throughout the province.

GOALS

AADAC has three business goals that address service access, client satisfaction and service effectiveness:

1. Access: provide reasonable access to local, regional and provincial services.
2. Satisfaction: services have a positive impact with clients and communities.
3. Effectiveness: services facilitate clients success in achieving their goals.

STRATEGIES AND ACTIONS

AADAC's detailed Business Plan for 2001-04 identifies 11 major planned actions within the following four strategic directions:

1. Cross Ministry Initiatives - Participate in cross ministry initiatives that are linked to AADAC's businesses and goals.
2. Leadership on Addiction - Address substance abuse and problem gambling and the needs of Albertans through treatment, prevention (including early intervention) and information services.
3. Innovation - Pursue innovation in our services.
4. Organizational Effectiveness - Further enhance staff development and effectiveness.

This Business Plan strongly reflects the importance of collaboration and joint action. Key areas include problem prevention, development of resiliency among youth and families, and collaboration with other community agencies and service systems to provide comprehensive services for youth, especially children at risk. Exploration of service delivery models for improved co-ordination across provincial service delivery systems and other innovations to improve organizational effectiveness are also featured.

BUSINESS PERFORMANCE MEASUREMENT[1]

GOAL	TARGET	TREND (FROM 1997-98)
Access:		
Treatment	Maintain at or above 91%	Overall stable
Prevention	Maintain at or above 95%	Forthcoming – baseline (95%) established 1999-2000
Satisfaction:		
Treatment	Maintain at or above 76%[2]	Stable but declined in 1999-2000[3]
Prevention	To be established 2001-02	Forthcoming – baseline to be established 2000-01
Effectiveness:		
Treatment	Maintain at or above 94%	Overall stable
Prevention	Proxy measures to be tested 2001-02	Forthcoming – baseline to be established 2002-03

(1) A review of AADAC's core business of information is underway and measurement strategies will be developed in 2001-02.
(2) Target for satisfaction was lowered to 76% (from 82%) due to changes in reporting and recording methods.
(3) Compared to previous years, a significantly different population of clients (including "early treatment leavers") was sampled in 1999-2000. The interim reporting process also excluded three AADAC sites. These factors likely contributed to the observed reduction in the satisfaction rate. AADAC continues to refine its service and performance measurement systems.

Further information on AADAC's planned actions, performance measures and finances can be obtained from the Commission's detailed Business Plan for 2001-04.

Expense by Core Business

(thousands of dollars)

	Comparable 1999-2000 Actual	Comparable 2000-01 Budget	Comparable 2000-01 Prelim. Actual	2001-02 Estimates	2002-03 Target	2003-04 Target
EXPENSE						
Core Business						
Delivery of Quality Health Services	5,020,514	5,164,195	5,457,758	6,036,124	6,419,676	6,717,306
Encourage and Support Healthy Living	96,798	158,721	167,669	234,565	238,168	256,533
MINISTRY EXPENSE	5,117,312	5,322,916	5,625,427	6,270,689	6,657,844	6,973,839

Ministry Statement of Operations

(thousands of dollars)

	Comparable 1999-2000 Actual	Comparable 2000-01 Budget	Comparable 2000-01 Prelim. Actual	2001-02 Estimates	2002-03 Target	2003-04 Target
REVENUE						
Internal Governmental Transfers	58,759	127,171	127,171	84,065	87,622	97,489
Transfers from Government of Canada:						
Canada Health and Social Transfer	477,104	435,851	499,515	439,104	452,118	439,928
Canada Health and Social Transfer - Health Supplement	192,144	194,068	291,913	549,242	622,857	686,289
Other	2,441	6,529	51,455	71,526	18,061	18,145
Premiums, Fees and Licences	674,867	681,469	690,257	691,913	702,680	712,948
Other Revenue	51,900	54,452	54,870	58,679	61,219	63,827
MINISTRY REVENUE	1,457,215	1,499,540	1,715,181	1,894,529	1,944,557	2,018,626
EXPENSE						
Program						
Regional Health Authorities and Health Boards	2,839,987	3,005,731	3,142,794	3,501,092	3,736,123	3,888,453
Province-Wide Services	257,188	303,963	316,441	350,545	374,961	401,086
Physician Services	994,810	1,042,569	1,068,069	1,261,820	1,438,667	1,519,807
Blue Cross Benefit Program	261,097	281,619	310,819	342,402	376,611	414,221
Extended Health Benefits	20,114	21,055	21,055	23,752	24,940	26,187
Allied Health Services	54,863	57,935	60,935	65,553	68,819	72,249
Protection, Promotion and Prevention	109,219	133,975	129,305	162,099	157,737	172,953
Human Tissue and Blood Services	81,312	90,016	86,016	100,016	110,016	110,016
Other Programs	96,641	168,373	116,648	172,643	157,287	156,751
Alberta Alcohol and Drug Abuse Commission	34,976	35,415	37,241	47,833	50,552	51,976
Premier's Advisory Council on Health	-	250	250	250	250	250
Ministry Support Services	71,078	86,072	86,515	96,948	102,109	103,354
Systems Development	23,409	19,088	19,088	27,877	30,692	27,456
Health Care Insurance Premiums Revenue Write-Offs	29,659	28,648	50,409	28,863	29,080	29,080
Valuation Adjustments and Other Provisions	281	-	-	-	-	-
	4,874,634	5,274,709	5,445,585	6,181,693	6,657,844	6,973,839
Extraordinary Items:						
One-time Financial Assistance to Health Authorities	215,676	-	8,900	-	-	-
Year 2000 Compliance	17,002	-	-	-	-	-
Supplemental Advanced Medical Equipment	10,000	48,207	112,207	-	-	-
Supplemental Capital Equipment	-	-	48,735	48,996	-	-
Nursing Development Fund	-	-	10,000	-	-	-
One-time Energy Rebate	-	-	-	40,000	-	-
MINISTRY EXPENSE	5,117,312	5,322,916	5,625,427	6,270,689	6,657,844	6,973,839
Gain (Loss) on Disposal of Capital Assets	(192)	-	-	-	-	-
Write Down of Capital Assets	(919)	-	-	-	-	-
NET OPERATING RESULT	(3,661,208)	(3,823,376)	(3,910,246)	(4,376,160)	(4,713,287)	(4,955,213)

Consolidated Net Operating Result

(thousands of dollars)

	Comparable 1999-2000 Actual	Comparable 2000-01 Budget	Comparable 2000-01 Prelim. Actual	2001-02 Estimates	2002-03 Target	2003-04 Target
Ministry Revenue	1,457,215	1,499,540	1,715,181	1,894,529	1,944,557	2,018,626
Inter-ministry consolidation adjustments	(58,759)	(127,171)	(127,171)	(84,065)	(87,622)	(97,489)
Consolidated Revenue	1,398,456	1,372,369	1,588,010	1,810,464	1,856,935	1,921,137
Ministry Program Expense	5,117,312	5,322,916	5,625,427	6,270,689	6,657,844	6,973,839
Inter-ministry consolidation adjustments	(200)	(200)	(200)	(200)	(200)	(200)
Consolidated Program Expense	**5,117,112**	**5,322,716**	**5,625,227**	**6,270,489**	**6,657,644**	**6,973,639**
Gain (Loss) on Disposal of Capital Assets	(192)	-	-	-	-	-
Write Down of Capital Assets	(919)	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(3,719,767)	(3,950,347)	(4,037,217)	(4,460,025)	(4,800,709)	(5,052,502)